

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/113,712	07/10/98	083	3724	EN997043

APPLICANT

EDWARD F. HELINSKI, JOHNSON CITY, NY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

CD

None

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

CD

None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

CD

None

FOREIGN FILING LICENSE GRANTED 08/11/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>CD</u> Examiner's Initials	Initials	NY	2	20	3

ADDRESS

ERIC J FRANKLIN  
POLLOCK VANDE SANDE & PRIDDY  
P O BOX 19088  
WASHINGTON DC 20036-3425

TITLE

CONCENTRIC ALIGNMENT DEVICE FOR DIES AND DIE STRIPPER

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$790		



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8352

<b>SERIAL NUMBER</b> 09/113,712	<b>FILING DATE</b> 07/10/1998 <b>RULE</b>	<b>CLASS</b> 083	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> EN997043
<b>APPLICANTS</b> EDWARD F. HELINSKI, JOHNSON CITY, NY;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/11/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> CONNOLLY BOVE LODGE & HUTZ ATTEN. HAROLD PEZZNER P.O. BOX 2207 WILMINGTON, DE 19899				
<b>TITLE</b> CONCENTRIC ALIGNMENT DEVICE FOR DIES AND DIE STRIPPER				
<b>FILING FEE RECEIVED</b> 862	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/113,712	FILING DATE 07/10/1998  RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. EN997043	
<b>APPLICANTS</b> EDWARD F. HELINSKI, JOHNSON CITY, NY;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED <b>** 08/11/1998</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> CONNOLLY BOVE LODGE & HUTZ, LLP P.O. BOX 227 WILMINGTON, DE 19899					
<b>TITLE</b> CONCENTRIC ALIGNMENT DEVICE FOR DIES AND DIE STRIPPER					
FILING FEE  RECEIVED 862	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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## APPLICANTS

EDWARD F. HELINSKI, JOHNSON CITY, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/11/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

CONNOLLY BOVE LODGE & HUTZ, LLP  
P.O. BOX 227  
WILMINGTON, DE  
19899

## TITLE

CONCENTRIC ALIGNMENT DEVICE FOR DIES AND DIE STRIPPER

FILING FEE  RECEIVED 862	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit